



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REID HEALTH

City of Hospital: RICHMOND

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Greg Turner

Email Address: gregory.turner@reidhealth.org

Medicare Provider Number: 150048

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$353866229
Outpatient Patient Service Revenue	\$497249655
Total Gross Patient Service Revenue	\$851115884

2. Deductions From Revenue

Contractual Allowance	\$441996929
Other Deductions	\$19932189
Total Deductions	\$461929118

3. Total Operating Revenue

Net Patient Service Revenue	\$365171584
Other Operating Revenue	\$17457800
Total Operating Revenue	\$382629384

4. Operating Expenses

Salaries and Wages	\$101663815	Employee Benefits	\$38048340
Depreciation and Amortization	\$30501512	Interest Expense	\$8109706
Bad Debt	\$24015183	Other Expenses	\$179432744
Total Operating Expenses	\$381771300		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$24873267	Total Assets	\$1062012626
Net Non-operating Gains over Loss	\$54911966	Total Liabilities	\$273443257

Total Net Gains	\$79785233
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$480130486	\$351623368	\$128507118
Medicaid	\$142412225	\$103552078	\$38860147
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$228583066	\$30768854	\$197814212
Total	\$851125777	\$485944300	\$365181477

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2760000	\$456457	\$2303543

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$156208	\$2579982	\$-2423774
Hospital Patients	\$0	\$429274	\$-429274
Community Education	\$0	\$436795	\$-436795

Number of Medical Professionals Trained	1500
Number of Hospital Patients Educated	1000
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement
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Hospital Charity Charges	\$19932189
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9248536	
HCI Payments	\$0		
Subtotal	\$0	\$9248536	\$-9248536
Medicaid Shortfalls	\$59813135	\$66079272	
Subtotal	\$59813135	\$75321073	\$-15507938
DSH Payments	\$2,937,422		
Subtotal	\$62750557	\$75321073	\$-12570516
Medicare Shortfalls	\$201654804	\$222780546	
Other Government Programs	\$0	\$0	
Total	\$264405361	\$298101619	\$-33696258

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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